

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24109**
Registrar's No. **2719**

FILED AUG 14 1940
Registration District No. **399**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorah Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days _____ (in 1940)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7118 McGee
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th
year 1940 hour 12⁴⁰ minute PM M.
21. I hereby certify that I attended the deceased from July 3
1940 to July 6 1940
that I last saw him alive on July 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Neurolytic Streptococci
Pharyngitis - a
Cerebral Embolism.
Due to possibly infectious
Encephalitis secondary to
Due to Streptococci pharyngitis.
Other conditions 1 115a
(Include pregnancy within 3 months of death)

Duration
Physician
Underline the cause to which death should be charged statistically.

Major findings: None Done
Of operations
Of autopsy None Done.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) _____ (e) Means of injury 1
23. Signature Adrian J. Baker (M. D. or other)
Address 626 N. 1st St. Date signed 7-6-40

8. (a) PRINT FULL NAME Clayton Morris

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 1 1931
(Month) (Day) (Year)

8. AGE: Years 9 Months 6 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business 0

MOTHER { 12. Name Abraham I. Morris
FATHER { 13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cohen
15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Abraham I. Morris
(b) Address 7118 McGee

17. (a) Burial (b) Date thereof 7-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cem

18. (a) Signature of funeral director L. T. Lewis & General Home
(b) Address 3400 Woodland Ave

19. (a) July 7, 1940 (b) M. M. Crovie
(Date received local registrar) (Registrar's signature)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Archie L. Louis

Licensed Embalmer No. 3110

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.